

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 17497

FILED JUN 12 1943

Primary Registration District No. 5157

Registrar's No. 139

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Callaway Co.

(b) City or town Portland, Mo. Rural

(c) Name of hospital or institution: XX

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME James Allen Niblack,

3. (b) If veteran, name war XX 3. (c) Social Security No. XX

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Flay Niblack, 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased March 26th, 1886 (Month) (Day) (Year)

8. AGE: Years 57 Months 2 Days 2 If less than one day hr. min.

9. Birthplace Readsville, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer,

11. Industry or business

MOTHER FATHER { 12. Name Lieuelen Niblack,

13. Birthplace Unknown Ky. (City, town, or county) (State or foreign country)

14. Maiden name Victoria Oliver,

15. Birthplace Readsville, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Flay Niblack

(b) Address Portland, Mo. Rural

17. (a) Burial (b) Date thereof May 30th-43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Toledo, Mo.

18. (a) Signature of funeral director James Niblack

(b) Address Americus, Mo.

19. (a) May 29-1943 (b) Joie Morankhoff (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Callaway Co.,

(c) City or town Portland, Mo. Rural (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28th year 1943 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from December 1940 to May 28 1943

that I last saw him alive on May 19 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular, hypertension with edema of the brain

Due to Myocarditis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature W. E. Ray (M. D. or other)

Address 1916 Fulton Date signed 5/29/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by  
D. b. Baker, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*D B Baker*

Licensed Embalmer No. 3375

P.O. Address : Americus, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.